

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)

SERIAL NO.
101006014
APPLICANT(S)

FILING DATE

5/18/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1		1	
3			1		1	
4			1		1	
5			1		1	
6			1		1	
7			1		1	
8			1		1	
9			1		1	
10			1		1	
11			1		1	
12			1		1	
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50						
TOTAL IND.			3		3	
TOTAL DEP.			9		9	
TOTAL CLAIMS			12		12	

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
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97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

U.S. GOVERNMENT PRINTING OFFICE: 2005 50-1300-1

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